

ISSUE SLIP STAMP FEE \$5A (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	g.h		8/4/99
O.I.P.E. CLASSIFIER			5/6/99
FORMALITY REVIEW	ann	50229 50230	9/10/99 11/28/00

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
-	Restricted	O	Objected

Claim	Date
Final	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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37	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
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Claim	Date
Final Original	
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Claim	Date
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

(1 FT INSIDE)